

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90143 008 ***150.00

DOCUMENT # **P02000124907**

1. Entity Name

Comprehensive Care Providers, Inc.



DO NOT WRITE IN THIS SPACE

11030193

2. Principal Place of Business

20101 NE 16th Pl

Suite, Apt. #, etc.

3. Mailing Address

20101 NE 16th Pl

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

30-0132332

Applied For

Not Applicable

Zip

33179

Country

Dade

Zip

33179

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Angelo Barry Boldt, P.A.

Street Address (P.O. Box Number is Not Acceptable)

515 East Las Olas Boulevard

Suite 850

City

Fort Lauderdale

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SC
CORREA, Michael A.
20101 NE 16th Pl, Miami, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOODY, Karen L.
20101 NE 16th Pl,
Miami, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03

CR2E034B (12/02)